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TWENTY-FOURTH REPORT

of the

LUNACY COMMISSION



TO HIS EXCELLENCY
THE GOVERNOR OF MARYLAND
DECEMBER 1, 1909

"The first steps towards the correction of any abuse or evil are publicity of the facts and the awakening of public interest; after this the pressure of public opinion is sufficient to bring about a reform."

M. ALLEN STARR, M.D.



"STATE CARE."

View of sewing-room in Springfield State Hospital. Patients are occupied, happy, contented, and contributing to their support. Contrast this scene with the one below.



"COUNTY CARE."

View of interior of room in a county almshouse. This poor woman has no occupation or recreation. Has been in this room for eight years, a continual expense and burden to the county. Practically nothing is being done for her mental disease.

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LUNACY COMMISSION



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TO HIS EXCELLENCY
THE GOVERNOR OF MARYLAND

DECEMBER 1, 1909

Press of LUCAS BROTHERS, Inc.,
221-223 E. Baltimore St.,
Baltimore, Md.

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THE LUNACY COMMISSION

STATE OF MARYLAND

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REPORT OF THE PRESIDENT TO THE GOVERNOR.

TO HIS EXCELLENCY AUSTIN L. CROTHERS,
GOVERNOR OF MARYLAND:

Sir—it gives me pleasure to transmit herewith the twenty-fourth report of the Lunacy Commission of Maryland, and to refer briefly to the work which has been accomplished and to point out what must be done in the near future.

With the exception of one member, the Commission, as now comprised, was organized by appointees made by you in the summer of 1908, during which the death of Dr. George J. Preston, who for ten years acted as its secretary, occurred. One of the first acts of this Commission was to appoint Dr. Arthur P. Herring secretary, and to entrust him with an exhaustive study of the conditions existent in the various counties of the State.

Dr. Herring went about this arduous task with great enthusiasm and energy, and as a result was able to uncover a most deplorable state of affairs in many of the counties, the publication of which in our last annual report and in the daily press was a rude shock to the people of the State, who little realized the cases of neglect, maltreatment and cruelty which were occurring under their very noses and the state of barbarism in which many of the small local institutions for the insane and feeble-minded were existing.

The unvarnished tales of helpless idiots confined in dank cellar-rooms, of more violent lunatics shackled in cold dungeons, and of feeble-minded females free to the lusts of male brutes confined in the same space have caused a revulsion in the minds of everyone which cries out for justice to be done by the State of Maryland to a most unfortunate and helpless class.

The condition of the negro insane is in many cases deplorable. There are 500 of these in this State, with only the most meager attempts, here and there, to provide for them. A special hospital for insane negroes alone is urgently needed.

The disclosures made by this Commission show that the counties are unable to provide for these wards in a proper manner, and, long expecting the State to assume its rightful

burden, have sunk into a state of hopelessness, often not even attempting to make what improvements might easily have been made.

As a large percentage of the insane are curable, if taken early and treated scientifically, it should be the aim of our State to provide the best means possible for such accomplishment, and thus reduce or keep down the number of insane.

It has been shown that the insane may be employed in numerous ways, that such employment is a most valuable curative agent, and that the products of this work are very valuable in a monetary way. In the State of New York last year the products of industries carried on by the insane in State hospitals amounted to \$300,000 in value.

This can be accomplished very easily with industrial shops, more of which should be provided at once. This can be done only at large institutions, and it is manifestly impossible for the counties to provide proper facilities and physicians with scientific training in mental diseases.

The law passed by the last Legislature requires that the Lunacy Commission, under your direction, should present to the Legislature on or before January 15, 1910, adequate plans to relieve these shocking conditions and provide for State care of the insane.

The Commission has made a careful study of the conditions present in Maryland and also how other States have met this great civic problem. We find that almost all of the more important States except Maryland have already taken upon themselves the State care of their insane and have provided abundantly for their scientific treatment, and after reviewing the various methods that have been adopted we feel convinced that:

1. The only solution of this problem is for the State to provide sufficient buildings to accommodate all of the insane and feeble-minded, and to furnish means for their scientific treatment by trained men.
2. By enlarging the already splendid hospitals at Springfield, Spring Grove and Owings Mills the white insane and feeble-minded can for a time be taken care of.
3. A separate hospital for the colored insane should be provided.
4. A bond issue is the best means for providing for the

construction of these hospitals, thus placing a proper proportion of the expense upon posterity.

5. The interest on said bonds can easily be provided by a small State tax or by some special indirect tax.

6. The State is not at this time in a position to assume the entire care of the dependent insane, but by sharing the yearly expense with the counties (\$100 each from county and State for every patient) the annual cost to the State will not be much greater than it is at present (\$150,000).

7. The State treasury should be the custodian and dispensatory of all moneys for the erection and maintenance of these hospitals.

8. That whereas an increase in the State tax is regrettable, the barbaric conditions now present, savoring more of the Middle Ages than of a supposedly much-enlightened Commonwealth, brook no delay on any account.

Your Excellency has shown great interest in the investigations of the Commission which you appointed, have encouraged us in our work, assisted us by timely counsel, and even accompanied us in visits to places where the insane are incarcerated. We feel sure, therefore, that we need not urge upon you the advisability of requesting the General Assembly now in session to provide adequate means for the proper care of these unfortunates by the State.

Respectfully submitted,

HUGH H. YOUNG.

PART I

TWENTY-FOURTH REPORT OF THE LUNACY COMMISSION

REPORT OF THE SECRETARY.

TO THE MEMBERS OF THE LUNACY COMMISSION:

Gentlemen—I have the honor to submit the report of the work done in this office from March 1, 1909, to November 30, 1909.

The previous report (twenty-third) embraced the work of the Commission from July 23, 1908, to February 28, 1909. The past 10 months have been crowded with active duties relating especially to the State care of the dependent insane. In addition to the routine work of the executive officer and the regular visits to the institutions and almshouses under the supervision of the Commission, numerous public meetings have been held and a large number of State officials interviewed on the subject of State care.

The outlook for improved conditions among the insane and feeble-minded in Maryland has never been more propitious. The unanimity of opinion among members of the medical profession, the State political leaders, the clergy, the legal profession and the public in general is most gratifying.

There is not a dissenting voice to be heard when the question of State care of the dependent insane and feeble-minded is discussed.

One of the strongest and most potent of the many forces back of this movement is the medical and lay press. Every paper in Baltimore city, as well as the various county papers, has supported the work of the Commission most heartily in placing before the people the iniquities of the county care system and the advantages to be derived from State care. The attitude of the medical press on this subject is presented in no uncertain manner in the editorials of the *Maryland Medical Journal* and the *Faculty Bulletin*.

The twenty-third report was a voluminous one, and gave in detail the conditions in the various State, corporate and private

institutions, as well as the county asylums, almshouses and county jails. We were not prepared at that time to suggest definite plans for the correction of the abuses and defects incident to the county system. Since then the Commission has studied carefully the methods used in other States, and after investigating local conditions thoroughly a comprehensive plan has been agreed upon which will meet all future requirements so far as it is possible to determine at this time. This report will deal with the new plans and will not duplicate in any way the data given in the twenty-third report. It is intended to be a supplemental report and to present in a clear, concise manner the future policy of the Commission in dealing with the care and treatment of the insane and feeble-minded under its supervision.

A brief historical sketch of the development of the hospitals for the insane in Maryland is given, as well as an abstract from the memorial of Miss Dorothea L. Dix to the Maryland General Assembly in 1852. This is a valuable document and is republished in part, as it was largely due to this report that the Maryland Hospital for the Insane was built at Catonsville in 1852.

This report is arranged under four titles: 1st, the work accomplished during the past 10 months; 2d, the plans for State care; 3d, the historical incidents; 4th, the statistical tables.

I.—WORK ACCOMPLISHED BY THE COMMISSION.

The Commission has held regular quarterly meetings and a number of extra meetings with the boards of managers of Springfield State Hospital, Maryland Hospital for the Insane, Maryland Asylum and Training School for the Feeble-Minded and the State Board of Aids and Charities.

VISITS TO INSTITUTIONS.

The secretary has visited the State, corporate and private institutions, county asylums, almshouses and county jails in the various counties during the past 10 months. The conditions remain about the same as recorded in the twenty-third report.

MONTEVUE ASYLUM.

The trustees of this asylum have made a number of very necessary improvements since the last report of the Commission. About \$8000 has been expended in renovating the main building and erecting an addition to the negro department.

The nursing staff has been reorganized under the direction of Drs. Fahrney and Bourne. Mrs. Daisie C. Dorsey, formerly of Springfield State Hospital, has been appointed head nurse. The nurses in both the white and negro departments wear uniforms. Restraint, which formerly was frequently used, has been discontinued to a large extent. The negro department is more crowded than ever. The conditions described in the twenty-third report are, if anything, more to be condemned. I wish to emphasize the fact that the criticism which has been made of this asylum is not directed in any way at the superintendent or medical staff. They really are doing heroic work, considering the inadequate facilities at their disposal. Those in charge of the negro department are especially to be commended, as their accommodations are far less favorable than in the main building. There is no hope for relief until the negroes are removed from this pesthouse and taken to a State hospital, where they can have occupation and receive humane and scientific treatment.

CORRESPONDENCE WITH PATIENTS.

Numerous letters have been received from patients in the various institutions. Their requests have received prompt and careful attention and the letters placed on file. In practically every case it was found upon investigation that the patients should remain under treatment, although in several instances the patient was transferred from one hospital to another at his request.

PENITENTIARY.

The Commission has had occasion to examine two insane convicts at the Maryland Penitentiary and recommended their transfer to a State hospital. These cases have since been sent to the Maryland Hospital for the Insane.

LUNACY COMMISSION OF

CITY JAIL.

The Commission has visited the City Jail and examined an insane inmate, who has since been transferred to Bayview.

HOUSE OF CORRECTION.

The House of Correction was visited and several insane inmates examined, but the Commission has not the power to transfer prisoners from this institution. Provision for this should be made in the revised lunacy laws.

INVESTIGATIONS OF SERIOUS ACCIDENTS AND INJURIES.

A thorough investigation of the Smoot case was made at Bayview.

A full report was received from Dr. J. C. Clark of the Howard B. Johnson case.

The suicides at Edgewood and at the Sheppard and Enoch Pratt Hospitals were reported promptly to the Commission by those in charge of these institutions and carefully investigated. Full reports of each of the above cases are on file in the office of the Commission. In every instance it was determined that those in charge of these patients were not at fault and that every possible safeguard had been afforded them.

PUBLIC MEETINGS.

In addition to the public meetings recorded in the twenty-third report, the following have been held:

Belair—May 3.

Westminster—May 19.

Baltimore County Medical Society—June 17.

Joint meeting of committee for the Maryland Psychiatric Society, Neurological Society and Lunacy Commission to discuss plans for State care—November 4.

Maryland State Conference of Charities and Corrections—November 8, 9, 10.

PROGRAM.

(Section in Charge of the Committee on Defectives.)

Address—"The Care of the Criminal Insane."

Drs. N. M. Owensby and W. Martin Bruns.

Address—"The State Care of the Feeble-minded."

Dr. Samuel J. Fort.

Address—"Occupation as a Means of Treating the Insane."

Dr. Robert P. Winterode.

Discussion by Drs. J. Percy Wade, J. Clement Clark and Frank K. Keating.
3.00 P. M.—Special Section on Almshouses.

Address—"Almshouse Management."

Ernest P. Bicknell, National Director American Red Cross.

FIFTH GENERAL SESSION.

8.00 o'clock Wednesday Evening, November 10.

Meeting in charge of the Committee on Defectives, Dr. A. P. Herring, Chairman.

Address—"The Relation of State Care of the Insane to the Medical Profession and the Community."

Dr. Albert W. Ferris, President New York State Commission in Lunacy.

Address—"The Duty of the State in Providing for the Dependent Insane."

Dr. William A. White, Superintendent Government Hospital for the Insane, Washington, D. C.

Discussion—Drs. Henry M. Hurd, Edward N. Brush and Chas. G. Hill.

Address—"The Deplorable Condition of the Dependent Insane in County Asylums. What Is the Remedy?"

Dr. A. P. Herring, Secretary State Commission in Lunacy.

(Stereopticon Demonstration.)

During this conference an exhibit was arranged to show the conditions existing in county asylums and almshouses and the advantages of State care, especially the benefits to be derived from occupation of the insane. A very interesting exhibit was kindly loaned by the New York State Commission in Lunacy illustrating the industries in the New York State hospitals.

The conference and the exhibit were visited by several thousand interested persons from all over the State.

LUNACY COMMISSION OF

A public meeting, under the auspices of the Medical and Surgical Faculty, the Neurological Society and the State Lunacy Commission was held in the Medical Library Building.

PROGRAM.

8.00 o'clock Thursday Evening, December 9.

Address—"The Obligation of the State in Caring for the Dependent Insane."

Dr. William F. Drewry, President American Medico-Psychological Society and Superintendent Central State Hospital, Petersburg, Va.

Address—"The Duty of the State Toward Its Dependent Insane."

Attorney-General Isaac Lobe Straus.

Discussion—By Dr. T. A. Ashby and Mr. Robert T. Carr, Delegates from Baltimore City; Mr. Carville D. Benson, Delegate from Baltimore County, and a number of other Legislators.

A number of the Legislators were present and expressed their views favoring the State care of the dependent insane.

NEW LICENSES.

New licenses, increasing the number of patients to be treated, have been issued to Dr. Alfred Gundry, "Athol, The Gundry Sanitarium;" Drs. Coggins and De Weese, "The Laurel Sanitarium;" Dr. George Riggs, "Riggs Cottage."

The trustees of Montevue Asylum applied for a new license. Their present license is for 100 patients. They have under detention over 200 insane patients. The Commission refused to issue a new license, owing to the lack of proper facilities to treat the desired number. The Commission, upon the advice of the Attorney-General, directed the Trustees to refuse admission to any more new cases, especially in the negro department. The Trustees have ignored the ruling of the Commission and continue to receive practically every patient brought to the asylum. All patients held in excess of the number allowed in the license are being detained illegally.

[illegible]



THE LAUREL SANITARIUM.

New building for male patients. Fifty-two rooms, new kitchen and dining-room. Lighted by electricity. Steam heat. Bowling-alleys, pooltables, gymnasium and shower baths in basement.

NEW MONTHLY REPORT CARD.

A new monthly report card has been adopted by the Commission. A copy of this card is reproduced in this report.

REPORT OF COUNTY ASYLUMS AND ALMSHOUSES BY LOCAL
PHYSICIANS.

The Commission decided to have an impartial investigation made of the various county asylums and almshouses by the president or secretary of the local county medical society. The following questions were submitted, and in nearly every instance a full and accurate report received:

- Name of the superintendent?
- Name of the matron?
- What is the population of the county asylum or almshouse?
- How many insane are there at present provided for?
- How many males are capable of labor?
- How many females are capable of labor?
- How many males perform out-of-door labor?
- How many females perform out-of-door labor?
- What amusement have those who are unable to work?
- What amusement have females who are unable to work?
- What number are destructive and tear off their clothes?
- How many are restrained by chains and handcuffs occasionally?
- How many constantly?
- What other forms of mechanical restraint are used?
- What other means are resorted to for controlling and managing the violent insane?
- Has the asylum or almshouse a full supply of water?
- How many bath tubs are there in it?
- How often are the insane required to bathe?
- Is each insane washed (hands and face) daily?
- Is any arrangement made for cleanliness, ventilation and uniformity of heat in winter?
- Are any insane confined in the basement?
- Are any so confined without the privilege of coming daily into the open air?
- Is the building in which the insane are confined of wood or brick?
- How many stories?
- Are there any rooms without a window opening out-of-doors?
- What are the floors made of?
- Are the basement rooms without a floor?

Have you bedsteads in all the rooms?

Are the bedsteads of wood or iron?

Are they fastened to the floor?

Have you double or single beds?

How many sleep in one bed?

What is the greatest number, in any case, who sleep in one bed?

What material is used for bedding.

How many sleep on straw alone, without bed or bedstead?

How often is the straw changed?

What is the diet provided each day?

How is it distributed?

How is the building heated in winter?

Are all the rooms heated?

Is attention paid to the uniformity of heat by a thermometer?

What is the temperature maintained?

Are any insane confined in rooms without heat in winter?

Are there any accommodations for the various grades of insane?

If so, what?

Are they all confined in one ward?

How many single rooms or cells?

Are the sexes kept entirely separated?

Are male attendants employed to care for female patients?

Are any attendants, besides paupers, uniformly and constantly employed in the immediate care of the insane?

What is the actual condition of the rooms and cells occupied by the insane as to cleanliness?

What do you think of the atmosphere of the rooms?

Did you look for vermin on their persons?

Did you observe any?

Are any of the pauper insane cared for in private families?

Does your county take care of recent cases?

What change of undergarments have each of the insane?

How many have shoes?

How many have neither shoes nor stockings during the winter?

What number of insane is your county house designed to accommodate?

What is the greatest number ever confined there?

Are the accommodations separate from those of the sane paupers?

What provisions are there for medical treatment of the insane?

How often are they actually visited?

Does each case receive care with reference to its ultimate recovery?

How many insane are there in the county jail?

A summary of these reports coincide with the details given in the twenty-third report of the Commission, so will not be repeated.

REVISED LUNACY LAWS.

A thorough study has been made of the lunacy laws of the various States. The lunacy laws of Maryland have been carefully revised and arranged in the form of a bill to be presented to the General Assembly.

The Attorney-General has been especially kind in assisting the secretary in the revision of these laws. As the completed law is too voluminous to be printed in this report, the contents only will be given. No change has been made in the commitment forms:

Sec. I.	State Board of Insanity.
Sec. II.	Appointment.
Sec. III.	Term of Office.
Sec. IV.	Qualification.
Sec. V.	No Compensation.
Sec. VI.	Executive Officer.
Sec. VII.	Expenses of Board.
Sec. VIII.	Official Seal.
Sec. IX.	Rules and Regulations for Board.
Sec. X.	Meetings.
Sec. XI.	General Powers.
Sec. XII.	(a) Official Visits. (b) Habeas Corpus.
Sec. XIII.	Powers of Appeal.
Sec. XIV.	Visitation and Inspection of Certain Institutions.
Sec. XV.	Report of Board to Governor.
Sec. XVI.	Institutions to Make Written Report.
Sec. XVII.	Misdemeanor.
Sec. XVIII.	Superintendent to Keep Record.
Sec. XIX.	Correspondence of Patients.
Sec. XX.	State Hospital Districts.
Sec. XXI.	Patients to be Transferred.
Sec. XXII.	Parole of Patients.
Sec. XXIII.	Voluntary Commitment.
Sec. XXIV.	Discharge of Patients.
Sec. XXV.	License.

Sec. XXVI.	Misdemeanor.
Sec. XXVI.	Misdemeanor.
Sec. XXVII.	Form.
Sec. XXVIII.	Limit.
Sec. XXIX.	Police.
Sec. XXX.	Physician's Certificate.
Sec. XXXI.	Shall Not Certify.
Sec. XXXII.	Make Record.
Sec. XXXIII.	Commission—Powers of.
Sec. XXXIV.	Misdemeanor.
Sec. XXXV.	Board of Visitors.
Sec. XXXVI.	Removal of Insane Convicts.
Sec. XXXVII.	Counties to Pay State \$100 per Year.

The statistics which accompany this report show the movement of the population of the insane for the year ending November 30, 1909. There has been an increase of all admissions to the institutions caring for the insane of 111 patients. The decrease in the number of insane in county asylums and almshouses has been due to the action of the Lunacy Commission in insisting upon the County Commissioners removing the insane from their local institutions to State hospitals. The capacity of the State hospitals has reached the limit, and until new buildings are erected the insane must remain in county asylums, almshouses and jails.

Summary of the census of the insane and feeble-minded in Maryland, November 30, 1908, to November 30, 1909:

Remaining under care November 30, 1908:

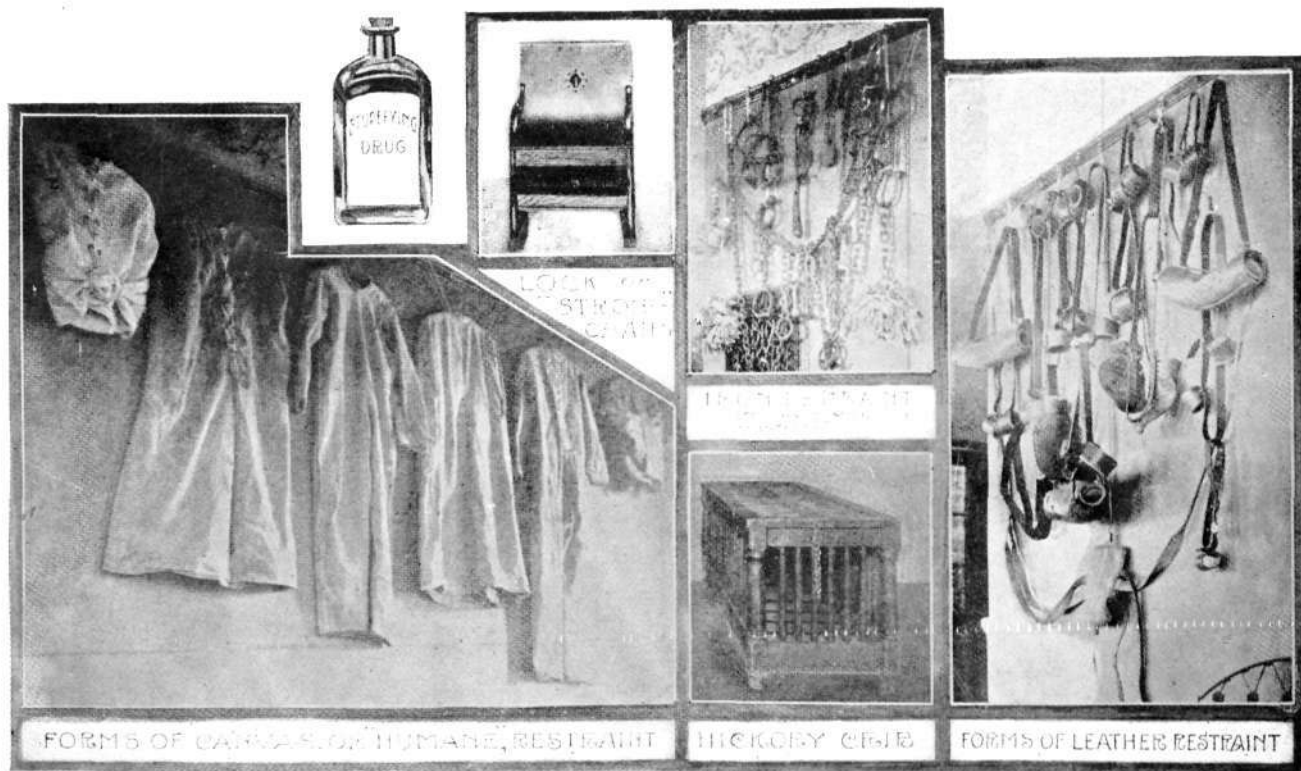
State Hospitals.....	1651
Private Sanitaria.....	920
Asylums.....	799
Almshouses.....	135
	<hr/>
	3505

Remaining under care November 30, 1909:

State Hospitals.....	1816
Private Sanitaria.....	924
Asylums.....	788
Almshouses.....	88
	<hr/>
	3616

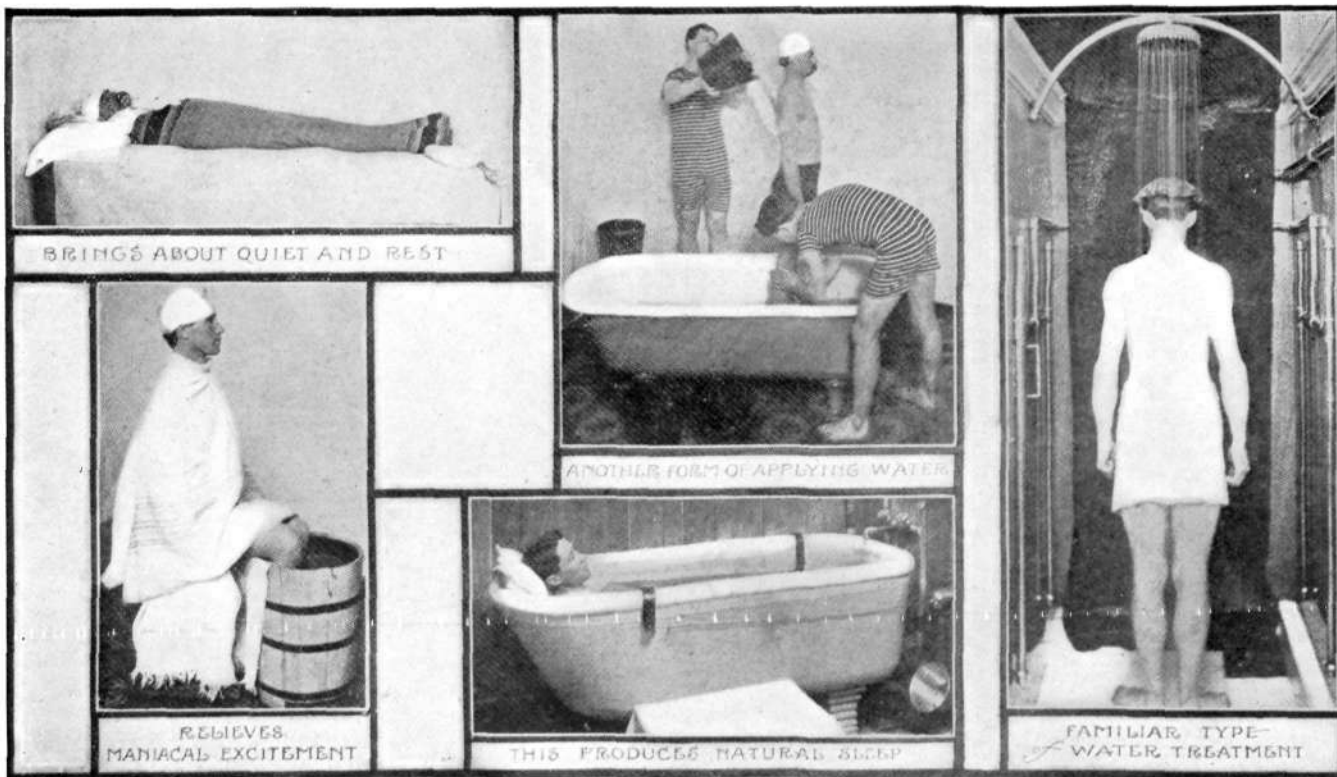
Increase for the year.....	111
Number of insane to the population in 1899.....1 to	500
Number of insane to the population in 1909.....1 to	350
An increase during the past ten years of.....	6.7%
Total number of recoveries in 1908.....	358
Total number of recoveries in 1909.....	380
Percentage of recoveries of all admissions during 1908.....	24 $\frac{3}{4}$ %
Percentage of recoveries of all admissions during 1909.....	24 $\frac{1}{2}$ %
Percentage of recoveries of entire insane population, 1908.....	10 $\frac{2}{3}$ %
Percentage of recoveries of entire insane population, 1909.....	10 $\frac{1}{2}$ %
Number of first admissions for 1909.....	1023
Insane.....	845
Alcoholic.....	111
Drug.....	40
Not insane.....	27
Total number of admissions for 1908.....	1448
Total number of admissions for 1909.....	1551
Number of patients admitted more than once.....	528

PART II



THE "OLD WAY"

The restraint appliances shown in this picture are used in the "county care" system. They are cruel, inhuman and unnecessary.



THE "NEW WAY."

The modern method of treating the insane. The "State care" system is kind, humane and beneficial. Hydrotherapy (water cure) increases the number of recoveries.

The State Care of the Dependent Insane

"The duty of the State of Maryland to its insane is a cardinal, a supreme, obligation to do all and everything without stint for their benefit that its financial resources possibly permit or enable it to do; to exercise in their interests, through its public officials, every effort and labor they are capable of, and to put into effect all the means and resources at its command to perform most effectually this great debt to humanity, this direct and immediate obligation to its people and this noble duty to all the future."

Twenty-five years ago the first steps were taken to have the State assume its proper place in caring for the dependent insane.

Five years ago a law was enacted placing the obligation of properly providing for the insane upon the State.

Two years ago this law was repealed and re-enacted, deferring the time when the State would assume the maintenance, care and control of all dependent insane to 1911.

The requirements of the present law (Section 2, Article 59) have been complied with by the Lunacy Commission in preparing and presenting "to the Legislature on or before January 15, 1910, such amendments to the present law regulating the care and treatment of the insane and such other measures, including plans for the enlargement of the present State hospitals or the creation of other State hospitals, as may to such commission seem necessary."

The question is now up to the members of the General Assembly for action and decision, either favorably, unfavorably or by a compromise. The answer to this vital question, which strikes the very root and foundation of society, will either place our grand old Commonwealth of Maryland abreast of other progressive States in the care and treatment of her unfortunate sons and daughters who, through no fault of their own, have felt the hand of suffering and affliction in the form of mental alienation, or will place Maryland *practically alone* as the State which refuses humane care and scientific treatment for her insane wards. However, I cannot believe that the men who constitute the legislative

body of our State are either ignorant or cruel or would lend a deaf ear to the piteous appeals which are being made every day by those who have dear ones needing proper medical attention, and yet in a great many instances are being refused admission to our State hospitals simply for the lack of a bed to sleep in, and as a result must be sent to a county asylum, almshouse or jail to wear out a miserable, pitiful and oftentimes a cruel existence until death relieves the poor victim. This statement is by no means exaggerated. On the contrary, I have refrained from adding one word to the already distressing conditions depicted in the twenty-third report. If there is a "doubting Thomas" in the legislative body, let him but visit some of the asylums or almshouses in this State and see for himself the abject misery and poverty among the insane.

There are really no valid reasons why the State should not assume these obligations. It has been proven time and again by other States that it is cheaper than the so-called county care. We must all agree that it is more humane and more scientific than simple custodial care, the only sort of attention it is possible to give in a county asylum or almshouse.

Aside, however, from the *economic*, the *humane* or the *scientific* aspect of the question, the State care of the insane is the only *intelligent* way to care for a person mentally sick. The present methods of county care are a serious reflection on the intelligence of our people.

It is manifestly unjust and unfair to hold the people responsible for such conditions when from every quarter of the State they are crying aloud for relief and are willing to pay for it in State taxes if necessary.

The question, briefly, is, Shall we abolish darkness, foul-smelling air, idleness, solitary confinement, shackles, poor food, cruelty and ignorance, and substitute sunshine, pure air, occupation, recreation, non-restraint, good food and kind and intelligent treatment for a sick mind? This is the question which the people of Maryland are waiting for you, gentlemen of the General Assembly, to answer. The responsibility rests with you, and you alone. What will be your answer?

TABLE SHOWING WHAT IT COSTS OTHER STATES TO PROVIDE FOR THEIR DEPENDENT INSANE.
MR. TAXPAYER ARE YOU PROUD OF WHAT MARYLAND IS DOING ?

	No. of Dependent Insane.	Cost to State of Maintenance in State Hospitals.	Do Counties Pay for Dependent Insane in State Hospitals.	Are Counties Re- quired to Send the Insane to State Hospitals.	Is there Complete State Care.
California	6,067	\$1,001,931.21	No	Yes	Yes
North Carolina	3,000	501,750.00	No	No	Yes
Delaware	430	76,957.10	No	Yes	Yes
Illinois	10,419	1,534,239.65	No	Yes	Yes
Indiana	5,276	400,039.36	No	Yes	Yes
Kentucky	3,500	525,000.00	No	Yes	Yes
Massachsetts	11,544	2,539,218.24	No	Yes	Yes
Maryland	3,616	100,000.00	Yes	No	No
Virginia	3,900	487,500.00	No	Yes	Yes
West Virginia	1,900	294,500.00	No	No	Yes
New York	29,000	5,348,760.00	No	Yes	Yes
New Jersey	3,625	876,525.00	Yes	No	No

PLAN "A."

COMPLETE STATE CARE.

As provided in Article 59, Section 2, Code Public General Laws, Vol. II.

NEW BUILDINGS.

New buildings to accommodate the normal yearly increase of insane and feeble-minded, as well as all of the patients to be removed from the county asylums and almshouses :

Springfield State Hospital.	}	\$1,000,000
Maryland Hospital for the Insane.		
Maryland Asylum and Training School for the Feeble-Minded.		
Negro hospital (new building).		
Eastern Shore hospital for white patients (new building).		

This will provide sufficient buildings for the insane and feeble-minded for the next 20 years, and will complete a system of hospitals for the insane and feeble-minded that would be a credit and honor to the State of Maryland ; the money to be raised by a bond issue, the interest and sinking fund to be cared for by a special State tax of one and one-quarter cents.

MAINTENANCE.

	White.	Negro.
Per capita cost.....	\$200	\$150

The entire amount to be paid by the State.

Springfield State Hospital.	
Maryland Hospital for the Insane.	
Maryland Asylum and Training School for the Feeble-Minded.	
Mount Hope Retreat.	
Hospital for the negro insane.	
2,500 patients for one year.....	\$500,000

PLAN "B."

NEW BUILDINGS.

New buildings to accommodate the usual yearly increase and the patients to be removed from county asylums, including insane and feeble-minded; also a new hospital for the negro insane:

Springfield State Hospital.	}	\$500,000
Maryland Hospital for the Insane.		
Maryland Asylum and Training School for the Feeble-Minded.		
New hospital for the negro insane.		

This money to be derived from a bond issue, the cost of which is to be met by a State tax of less than one cent.

MAINTENANCE.

Partial State care for the insane. (*The "Hubner Plan."*)

Complete State care for the feeble-minded.

State to pay \$100 for the insane.

Counties to pay \$100 for the insane.

The State already pays the entire cost of maintenance for the feeble-minded.

Cost to the State for maintenance of the insane at:

Springfield State Hospital.	}	\$200,000
Maryland Hospital for the Insane.		
Mount Hope Retreat.		
Negro hospital for the insane, one year.		
Feeble-minded at the Maryland Asylum and Training School.....		50,500
Total		\$250,500

One-half the cost of maintenance to come from the State treasury.

PLAN "C."

NEW BUILDINGS.

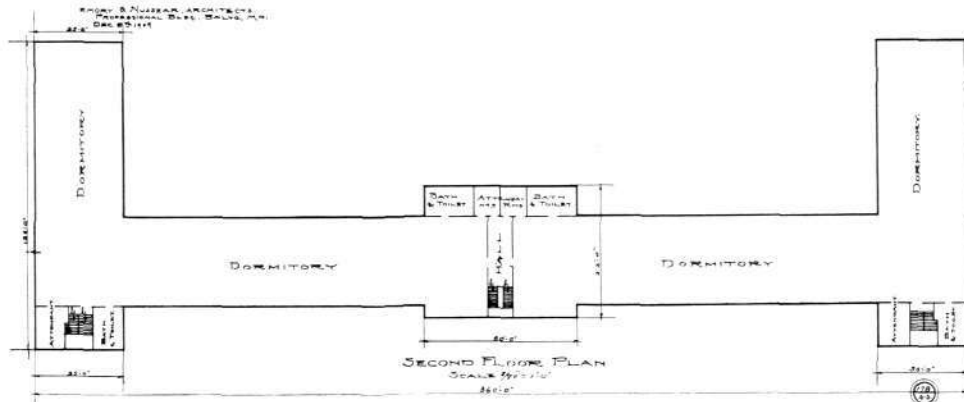
If the Legislature refuses a bond issue, then the money for new buildings must come from the State treasury. The following buildings are urgently needed at once:

Springfield State Hospital, two cottages.....	\$60,000
Maryland Hospital for the Insane.....	25,000
Maryland Asylum and Training School for the Feeble-Minded.....	52,500
Negro hospital.....	75,000
	<hr/>
	\$212,500

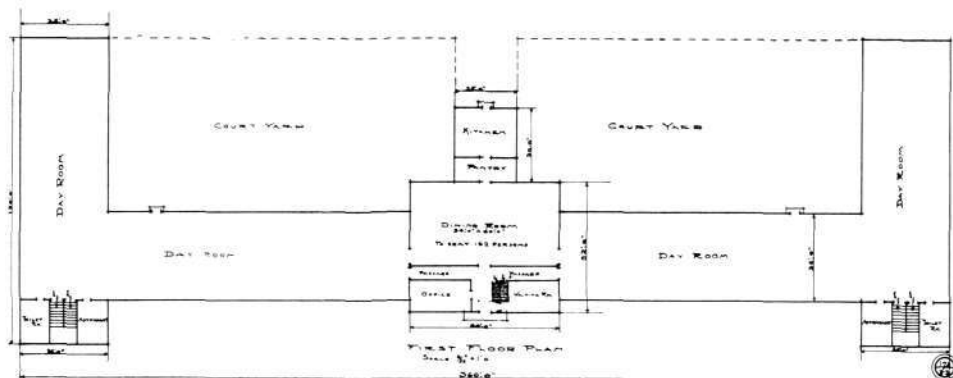
MAINTENANCE.

The same as in Plan "B"—\$250,500 a year.

EMORY & NUSSBAUM, ARCHITECTS
PROFESSIONAL BLDG. BALDWIN, N.Y.
DEC 25 1949

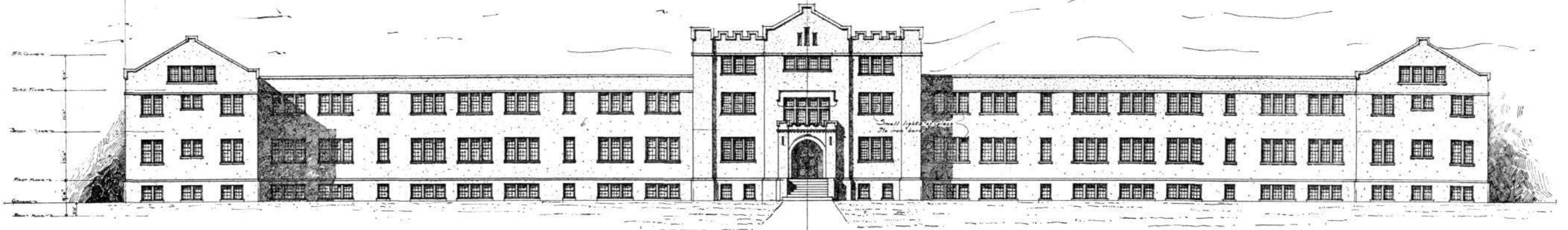


ERNEST I. NUBBIAK, AMERICANIST,
PROFESSIONAL BLUE, BALTIMORE, MD.
DEC. 27, 1908.



PRELIMINARY LAY-OUT, NEGRO HOSPITAL FOR THE INSANE OF MARYLAND.

EMORY & MUSSEAR, ARCHITECTS.
PROFESSIONAL BLDG., BALTO. MD.
JAN. 5th 1910.



~ FRONT ELEVATION ~

HOSPITAL FOR THE NEGRO INSANE.

Complying with Section 2 of Article 57, the following plans for a hospital for the negro insane have been prepared:

This building will be of reinforced concrete and steel construction throughout, with slate roof, cement floor in the basement and wood floors over concrete construction in upper floors.

The finish throughout the building of walls and ceilings to be hard plaster, waterproofed.

The portion of the basement under the central building, or dining-room portion, to be occupied by heating plant, laundry, fuel storage and general storage, and the two wings of building in basement to be devoted to workrooms.

On the first floor, in the central building, located as shown, will be the dining-room, office, waiting-room, main entrance, and general stairway for attendants, doctors and visitors, with the kitchen and pantry in the rear of dining-room and accessible at rear for delivery of supplies. The dining-room is located centrally to seat 162 persons, or all the women and all the men at two separate hours.

On either side of this central building are provided two large day or recreation-rooms for patients, one for male and one for female, communicating directly with separate courtyards in rear. A separate stairway is provided in connection with both male and female departments, located centrally in connection with dormitories, dayrooms and workrooms, with attendants' and toilet and bath rooms arranged at sides of same.

On the second floor, in center of building, are arranged the general stairway, same as first story, and additional attendants' and bath and toilet rooms in connection with dormitories. The arrangement of dormitories is similar to dayrooms on first floor, each dormitory affording bed space for 150 patients.

The central portion of building only is to be carried up to three full stories, affording additional attendants' rooms, linen or clothes rooms. There is ample space on this floor for, say, two or four special rooms for unruly patients should they be required. Stairways are provided to attic over balance of building, which will be fitted up for use as storage-rooms.

The cost of this building, equipped with modern and sanitary plumbing, ventilation and heating, would be about \$75,000.

The construction of this building could be done in a large degree by the negro patients, with the proper supervision, of course.

Temporary quarters could be built for, say, 100 able-bodied negro patients who would be capable, mentally and physically, of doing the necessary work. This would lessen the cost of construction and at the same time be a benefit to the patients. The purpose of the Commission is to make this negro hospital an industrial colony and to utilize every possible opportunity to make the patients self-supporting. A large farm in connection with the hospital is essential. It is hoped that the Legislature will see the importance of making some provision for the 500 or more negro insane in Maryland and grant this appropriation.

OCCUPATION OF PATIENTS.

"One important advance in hospital management is the recognition of the value of occupation and diversion as a therapeutic agent in the care of our cases. To those who are daily brought in contact with the patients the subject must always be of interest, and there is no doubt that a proper appreciation of this has had much to do with the rapid advance in our methods of treatment during the past few years. When one contrasts the inactive, monotonous existence of the patients but a decade since with the active, contented life of a large number of the patients today we cannot fail to note this."

"It is essential that the occupation and diversion of the patients should be carried out under the direction of the physicians who shall direct its nature and duration, and not left to the employees, who seek to get so much work done, to utilize only the best workers and to neglect the drone or stupid types, who are in reality more in need of the stimulus of exercise."

"The selection of suitable occupation for the individual case is a matter of the highest importance, and it is only after the patient has been carefully studied and classed that this can be done. It is not always advisable to allow the patient to follow his usual avocation. It has been claimed by some that patients under treat-

ment in hospitals should be given as nearly as possible work with which they are familiar or which they have been accustomed to perform. The patient who formerly has had office work or other sedentary occupations should be employed at something as nearly opposite as is possible. If an entire change is made, new centers are brought into use, new objectives are placed before him, new emotions provoked, the attention is for a time relieved of the dominance of the insane ideas, and the nervous system as a whole is placed in a more nearly normal state of tension."

"In the chronic types the employment of patients in suitable occupations is a matter of the highest importance, and unless some employment is found they become restless, quarrelsome and most difficult to manage, or lose all interest in themselves and their surroundings, become apathetic and untidy, and advance more rapidly toward complete mental and physical deterioration. While the occupation may have no meaning to the more stupid patients at first, if persisted in new interests will be awakened, and improvement in physical condition, appetite and sleep result. That occupation and diversion play a most important part in the treatment of the insane is shown by the marked decrease in the use of sedatives and hypnotic drugs."

"I am not prepared to say how occupation affects a cure, but I will say that a large number of cases begin to improve both mentally and physically immediately after beginning a course of occupation in the sunlight and open air. As a result through occupation the patient's appetite improves, he sleeps better at night, he is less restless during the day, all of the secretions begin to improve, and the sallow complexion and coated tongue disappear; in fact, all of the symptoms of ill-health that seem to resist drug treatment in the ward disappear more or less quickly when the patient is given some selected work by the physician about the grounds or on the farm."

"Coincident with the physical improvement, the patient becomes less noisy, quarrelsome and destructive, and he becomes more orderly and tidy in his general personal appearance."

"The fact that forced idleness, for a period, of the prisoners in the State prison resulted in a rapid production of insanity ought

to teach us that a similar condition in the hospitals for the insane would tend to prevent recoveries among the patients."

"The fact that the employment of the insane adds tremendously to the dollars and cents of the institution is a matter of common knowledge, but this cannot be compared to the value derived by the patient himself upon the restoration of his health; therefore, we should eliminate all monetary valuations that could be placed upon the fruit of the patient's occupation."

—Abstract of paper by Dr. G. A. Smith, Nineteenth Annual Report New York State Commission in Lunacy.

The benefits to be derived from the occupation of the insane are so clearly presented in a paper read by Dr. R. P. Winterode at the Fifth Maryland Conference of Charities and Corrections that his conclusions are herewith given:

"The physician should supervise the employment of patients.

"Outdoor occupations, such as farming, gardening, caring for lawns, flowers, and so forth, are to be preferred to indoor work, as the proper filling of the lungs with fresh air necessitated by physical exertion lessens to a great extent the chances for the development of tuberculosis.

"It is an injustice to the patients to allow them to remain idle and lapse into a physical and mental wreck because they show more or less deterioration."

It is beneficial from a therapeutic standpoint:

1st. To the incurable cases. The discontented are made happy, the disturbed and noisy become quiet, the sloven and careless become neat and tidy.

2d. To the curable cases. It promotes convalescence; hence hastens the day of recovery, thereby affording opportunities for the treatment of new cases.

It is beneficial from an economic standpoint:

To the hospital. The utilization of the products, the manufacture of which has been the means of restoring them to health.

PART III

Historical Sketch of the First Hospital in Maryland for the Insane



Old Baltimore (or Maryland) Hospital, with portrait of Dr. Richard Sprigg Stuart. Limited to the treatment of the insane in 1838. Site now occupied by the Johns Hopkins Hospital Buildings.

The first public institution erected in Maryland for the reception of the insane was in 1798, when the Legislature authorized the erection of a hospital near Baltimore (then a city of 20,000 inhabitants), and appropriated for that purpose \$8000. The citizens of Baltimore raised the additional sum of \$18,000, and built a hospital for "general sickness and insanity." Mr. Jeremiah Yellott, a citizen of Baltimore, had presented to the State of Maryland a plot of ground containing seven acres, situated by the side of the Joppa road "on a commanding hill overlooking the town, country and river," upon which the hospital was erected. The site is that now occupied by the Johns Hopkins Hospital. It is interesting to note in this connection that upon the site where the

first hospital for the insane was located (this being the third hospital for the insane in this country) there will soon be erected the Phipps Psychiatric Clinic, a building devoted exclusively to the study and treatment of incipient mental diseases, costing about \$400,000. This clinic will be one of the finest and most complete in the world. It is a long step of 112 years from the first hospital for the insane to this magnificent modern clinic.

At first Baltimore alone took an interest in the Maryland Hospital, as it was called officially, and for 26 years the city leased it to Drs. Smith and Mackenzie.

In 1834 the State assumed control of the hospital, and placed in charge Dr. Richard Sprigg Steuart and a board of visitors, who engaged the services of the Sisters of Charity as nurses, matron and stewardess. After a year's trial the time-honored dispute as to who should have control over the management of the patients led to a dissolution of this engagement, although the Sisters were acknowledged to have been good and faithful nurses.

Owing to the erection of other hospitals for the treatment of general sickness, the Maryland Hospital was gradually being devoted to the care of the insane, as more than one-half of the patients were afflicted with mental disease. The Legislature, having been asked to provide better accommodations for the insane, authorized the purchase in 1849 of land for a new hospital at Spring Grove, Catonsville. This new building was begun in 1852, and was due largely to the efforts of Miss Dorothea L. Dix, whose memorial to the General Assembly of 1852 is given in part in this report. The Maryland Hospital for the Insane was used temporarily for the care of the wounded soldiers during the Civil War, so that it was not until 1872 that patients were transferred from the old building on Broadway to the new hospital at Spring Grove.

Dr. Richard Sprigg Steuart was made superintendent of the new hospital, and was succeeded by Dr. J. S. Conrad and Dr. Richard Gundry, after whose death Dr. George Rohé was made superintendent. When Dr. Rohé resigned to become superintendent of the Springfield State Hospital the present superintendent, Dr. J. Percy Wade, was appointed. This hospital is noted

especially as being an active industrial center and one in which mechanical restraint is never used.

This incomplete sketch of the first hospital for the insane in Maryland may be supplemented by referring to the *Maryland Medical Journal* for 1908, where the following articles describing the other hospitals for the insane in Maryland appear: October, "Maryland Hospital for the Insane;" November, "History of Mount Hope Retreat;" December, "History of the Sheppard and Enoch Pratt Hospital;" January, 1909, "History of Springfield State Hospital."

NOTE.—An abstract from the Memorial of Miss Dix is presented in this report, because it applies with equal force to the present conditions among the insane in the county asylums, almshouses and jails of Maryland as it did over fifty years ago. It is true that the State has erected two hospitals for the insane since Miss Dix made her appeal to the General Assembly, but the accommodations have never been sufficient for the constantly increasing number of dependents. No adequate provision has ever been made for the negro insane, the epileptic, or the criminal insane. This memorial is a valuable historical document, and if space permitted would be printed in full. The complete text can be found in the State Library at Annapolis.

MEMORIAL OF MISS DOROTHY DIX TO THE GENERAL ASSEMBLY OF MARYLAND, MARCH 5, 1852.

Gentlemen of the Senate and House of Delegates:

The subject to which your memorialist solicits your candid attention, and on which she urges early and effective legislation, embraces from more than one point of view the civil and social interests of the State of Maryland, reaching through every community and penetrating the seclusion of every family.

This proposition facts, not opinions, must demonstrate.

Your memorialist presents the claims of that portion of a large and fast-increasing class for which appropriate care and protection are not now secured; she asks of Maryland what she has not yet provided—a State hospital which shall supply full remedial treatment for the insane.

This question, with ever-strengthening and uncompromising force, acquires, day by day and year by year, weight and urgency, and now presents a phase so strongly defined that no eye can be

blind to the significance of the sign it exhibits, and no sound mind or humane heart can be at fault in determining the course which a just legislation must pursue and guarding the financial interests of the State.

Gentlemen, your memorialist is compelled to *deal with severe facts*, whose sharp outlines may not be softened by the graces of studied phrases and polished periods. With your permission she respectfully, but plainly and earnestly, brings to your knowledge records gathered through cautious inquiry and established by patient investigation. She asks your honest and deliberate examination of the statements and tables which, without an elaborate preamble, are now presented, and urges impartial and fair discussion of the true merits of the cause she advocates, and which you alone, in your capacity as Legislators, have authority to sustain and, she believes, humanity and justice to conduct to a successful issue.

I have shown in part the insufficiency of the hospital institutions at Baltimore for meeting the wants of the citizens of Maryland in relieving and affording curative treatment for the insane, and that these hospitals are the sole resource of the citizens within their own borders. Briefly, that which is needed is a new institution capable of receiving 250 patients, which is the maximum for any first-class curative hospital, and in it should constantly reside the medical superintendent, whose whole time and care should be devoted to the pursuit of means for securing the comfort and recovery of his patients. Well-timed employment, alternating with repose, useful labor and suitable diversions, should be successively provided. What contrasts from these appropriate cases are presented in the condition of very many, though not the largest portion of this class throughout this State. The largest part, indeed, wear out life in adverse situations, but not in extremest abandonment to misery. That any abuses and unnecessary sufferings exist is a sufficient argument for assuring now at once such remedies as shall spare the repetition and perpetuation of these sore distresses.

Your memorialist knows, and all may know, that confined apartments, narrow cells, dungeons, and not seldom chains and manacles, both in private dwellings, in poorhouses, in county jails and in the penitentiary, are the miserable alternatives (in default of

adequate hospital provision for these unfortunates) upon which every sentiment of justice and humanity stamps a negative. It is asked, How do I know that any extreme examples of misery exist? I reply that I have traversed the State with this express object to incite my search. I do not propose to detain you upon the detailed history of the prisons and poorhouses of Maryland, nor to break down the screen which shuts out from the general inspection and curious gaze the troubles and sufferings of many respectable but indigent families who hide their insane in their own dwellings, for what remedy have they? Nothing save extremest necessity, and that only as a temporary expedient, can justify the incarceration of the insane in jails. In poorhouses the objections, though differing, are equally urgent. The trustees and medical attendants, uniting with successive superintendents, in the Baltimore Almshouse have for years earnestly and faithfully presented in their annual reports the inhumanity and mischief resulting to all parties from this association of the demented and the raging maniac with the aged and infirm, the feeble and the sick, the young and the helpless. Your memorialist can but add another voice of remonstrance against the perpetuation of this great abuse. I have said that the sufferings of the insane, exposed in unfit situations, are great. Language, however strong, is feeble to describe them; but I would not be understood to cast blame on superintendents of poorhouses and keepers of jails. Either they have not the means or they have not the knowledge to conduct rightly, one may almost say decently, the cares required by the unfortunate maniac. They abide a necessity of which they do not know how to rid themselves, and become hardened to sufferings which, since they cannot remedy, they strive to forget. These men who govern poorhouses and prisons are not cruel and brutal, but they are wrongly forced to a work which every hour sears the better feelings and which almost converts them to the rude, hard guardians which they sometimes, by the hasty observer, are charged with being.

The establishment of a State hospital would put an end to the continual repetition of scenes and conditions of existence which should not be suffered for a day to blemish the history of any community nor any civilized or Christian people. Thus this condition

of things is not confined to one, three, six or any dozen of the States—nay, that it is found now at this day in every one of these United States is no excuse for its toleration in any of them. Much has been done for the relief of the insane and for lessening, by contrast, what is of minor consideration, the cost of their support to the public, but much more remains to be accomplished. It is a fact known to all experience that the longer a necessary work is delayed the greater the trouble and expense in effecting it. In this case it is beyond estimate, for who can show how many of the unhappy insane are now but commencing an existence in which the reason is merged in delusions and vehement ravings, and for how many dreary years life may be protracted, and for what purposes, it becomes those who enjoy health and reason to inquire. "Perhaps," as long since wrote a deep thinker and close observer of the course of human affairs, "these poor maniacs are a particular rent charge on the great family of mankind, left by the Maker of us all, like younger children, who, though the estate be given from them, yet the Father expected that the heir should take care of them."

The insane cannot be left in charge of their families nor to the ordinary charities which flourish more or less freely in all communities. They require arrangement specially adapted to their special necessities. No domestic cares, no common modes of treating the sick, no accustomed practice of accomplished medical advisers teaches their necessities. In what these necessities consist none can understand except they have paused to search out the states of suffering, the entire disqualification of self-care which this malady often creates and perpetuates in the management of the unskillful and uninformed. No helpless infant can be more helpless, no wild animal of the desert more uncontrollable, than are many of the unfortunates in different states and stages of the disease. Yet this malady, the result in almost all instances of physical ailments, and so distressing in its effects upon the sufferer and all with whom he is connected, is less hopeless than two-thirds of the same diseases which attack mankind. The tabular returns of all well-conducted hospitals of these times and the whole experience of society establishes my position.

Increase of insanity amongst the younger classes of society furnishes another argument for early treatment of the malady before the disease has fastened for life on its victim. The public safety, equity, economy and, lastly, humanity, require adequate, appropriate provision for the insane before the malady assumes a chronic character and the hapless being becomes a life care to his friends or a heavy burden upon the public. Every man and woman possessed of sound health is wealth to the State; every individual diseased and disabled is a draft, both directly and indirectly, on its riches and prosperity. It is cheaper to cure than it is to support even at the very lowest rates.

Among the many moral means there are none which, whilst it conduces more than any other to the contentment, health and recovery of the insane, promotes in so high a degree the pecuniary interests of the asylum as occupation in the way of manual labor. The garden, the farm and the work shops are to the males, and the needle and the ordinary housework are to the females, sources of decided benefit, both intellectually and physically, and the burden to the State of supporting so large an establishment is materially lessened by the products of labor thus employed.

I have endeavored to prove the advantages to be possessed by hospital treatment for the insane. I have tried to illustrate the disadvantages of domestic care and prescription for this suffering class of our fellow-beings. I have glanced at the inefficiency and cruelty of a poorhouse and prison residence for the epileptic and maniac. In imagination, for a short time, place yourself in their stead. Enter the horrid, noisome cell; invest yourself with the foul, tattered garments which scantily serve the purposes of decent covering; cast yourself upon the loathsome pile of filthy straw; find companionship in your own cries and groans or in the wailings and gibberings of wretches miserable like yourselves; call for help and release, for blessed words of soothing and kind offices of care till the dull walls weary in sending back the echo of your moans; then, if your self-possession is not overwhelmed under the *imagined* miseries of what are the *actual* distresses of the insane, return to the consciousness of your sound intellectual health and answer if you will longer refuse or delay to make ade-

quate appropriation for the establishment of a hospital for the care and cure of those who are deprived of the use of their reasoning faculties and who are incapable of exercising a rational judgment.

Of all men they are to be counted the most miserable who are reduced to mere animal existence.

It is not improbable that some members of your honorable body—men, too, of good hearts and liberal minds—will hesitate, if not seriously demur to a measure they will admit to be important and opening strong claims on their efficient support and official action, but who will urge the large indebtedness of the State as an argument against new plans for the application of the public funds. I respect their cautiousness and hesitation. The monetary obligations of the State are heavy; taxation is already onerous; but will these be lessened by the omission to provide by creating a State hospital for the insane of the State for those who must be supported in some way during the period of their natural lives? In hundreds of cases, if not thousands, it rests on your decision, Legislators of Maryland, whether this shall be accomplished at a heavy or light cost to the State. The time-worn adage, "Honesty is the best policy," Maryland has engraved on her shield, and the citizens stand firm, as honest men, on the strong rock of integrity, honored and honorable, each lending his strength to redeem the State from the heavy burdens of her debt. And is the rich man less affluent or the poor man the poorer for coming up boldly to this work? No; there is another law to which he will pay tribute: in "doing justice" he will "remember mercy." And, again, he will not consent that sister States, younger and feebler, by reason of earlier years, should take precedence of his maternal Maryland. See Alabama—honest and resolved. She provided for full payment of her monetary obligations and at the same time assumes cheerfully the debt she owes humanity. Owning the wardship of her insane children, she appropriates \$100,000 for a State hospital, and is earnest only to advance to completion the work so well and wisely commenced. Look at Indiana—noble, clear-sighted Indiana, honest and true, liberal and wise. But a few years since Indiana made provision for the gradual payment of nearly \$12,000,000 of her

public debt, and, being instructed in the necessity of timely provision for the insane, the deaf-mutes and the blind within her borders, she adopted a wise and noble policy, equally prudent and humane, and levied a special tax for the erection of edifices for the insane, for the deaf-mutes and the blind at a cost of more than \$200,000, and provided for the ample support of all these, and a section in the new Constitution lays down a principle and establishes a law for the perpetual support of these three charities by the State.

There in the young State of Indiana, almost within the shadow of her capitol at Indianapolis, stand these monuments of a Christian and enlightened age, recording a fore-munificence which, under the circumstances, has no parallel, though Illinois, ranging side by side geographically, almost completes a corresponding page in her history. Shall Maryland falter, solicited by more urgent incentives to determine her decisions and to quicken her energies? Surely she will not.

No truth in ethics is more surely established than this: not one human being, whether of high or low degree, strong or weak, learned or unlearned, conspicuous or humble, old or young, in the full, fresh vigor of health or feeble through weakness, but is vulnerable to the attacks of maniacal insanity. The man of most mighty intellect, the woman endowed with rarest virtues, may in an hour become the beneficiary of humanity, the hapless ward of heart-stricken kindred, helpless alike to restore and cherish. The precious home no longer offers health-giving influences; the cares and caresses of dearest friends but enhance the miseries of this terrible malady. "Lover and friend it puts far away, and acquaintances into darkness." The well-organized, well-sustained hospital alone opens its portals for shelter and relief. The skill which directs appropriate care here dissipates the delusions which distract and heals the sickness which other direction could not arrest.

Legislators of Maryland, importunity, urged by the sacred voice of unerring Duty, presses this cause upon your notice. You, who fill places of authority, forget not, amidst the heat of debate, the clash of opinions and the sometimes strife for political dis-

tinctions; forget not the majesty of your station, the dignity and sacredness of that trust confided to you by your constituents; forget not that you have the right and the means of exercising the ennobling offices of justice, humanity and civil obligation. Becoming through your station as Legislators benefactors of the needy, whose mental darkness, through your action, may be dispersed, how many prayers and blessings from grateful hearts will enrich you! As your work on earth shall be measured and your last hours shall be slowly numbered, when the review of life's deeds become more and more searching, amidst the lashes of uncompromising memories, how consoling will be the remembrance that of many transactions—often controlling, transient and outward affairs, frequently conducting to disquieting results, possibly sometimes to those of doubtful good—you have accomplished a work whose results of widely diffused benefits create a light, bringing your path through “the dark valley” and conducting you to those “gates of eternal life” which open upon the “blessed mansions” in which the finite faculties are beyond the reach of blight and advance continually in knowledge, to perfection.

PART IV

TABLE NO. I.
SHOWING THE STATISTICS OF THE STATE AND CITY HOSPITALS FOR THE INSANE AND FEEBLE-MINDED.

	Remaining November 30, 1908.					Admitted from Novem- ber 30, 1908, to No- vember 30, 1909.					Showing the Condition of Patients Dis- charged from No- vember 30, 1908, to No- vember 30, 1909.					Remaining November 30, 1909.				
	White.		Col'd.		Total.	White.		Col'd.		Total.	Recovered.	Improved.	Unimproved.	Died.	Total.	White.		Col'd.		Total.
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.							Male.	Female.	Male.	Female.	
Maryland Hospital for the In- sane (Spring Grove).....	277	233	37	27	574	25	32	5	3	65	12	8	6	30	56	276	239	37	30	582
Springfield State Hospital....	499	353	....	....	852	147	128	....	....	275	43	56	7	91	197	534	408	....	....	942
*Bayview Asylum.....	71	170	72	123	436	84	63	43	29	219	18	88	51	64	221	80	153	79	120	432
Maryland Asylum and Train- ing School for the Feeble- minded.....	101	124	....	....	225	41	33	....	....	74	....	....	5	2	7	138	154	....	....	292
Total.....	948	880	109	150	2087	297	256	48	32	633	73	152	69	187	481	1028	954	116	150	2248

*Two inmates of Bayview discharged as not insane.

TABLE NO. 2.
SHOWING THE STATISTICS OF PRIVATE AND CORPORATE INSTITUTIONS FOR THE INSANE.

	Remaining November 30, 1908.			Admitted from No- vember 30, 1908, to November 30, 1909.			Showing the Conditions of Pa- tients Discharged from Novem- ber 30, 1908, to November 30, 1909.					Remaining November 30, 1909.		
	Male.	Female.	Total.	Male.	Female.	Total.	Recovered.	Improved.	Unimproved.	Died.	Total.	Male.	Female.	Total.
Mount Hope Retreat.....	222	385	607	72	87	159	56	48	1	52	157	234	375	609
*Sheppard and Enoch Pratt Hospital.....	52	60	112	81	92	173	39	64	54	14	182	53	50	103
The Richard Gundry Home..	24	18	42	97	33	130	56	64	3	9	132	27	13	40
The Gundry Sanitarium.....	....	43	43	....	25	25	9	17	1	2	29	....	39	39
Relay Sanitarium.....	18	15	33	48	26	74	32	24	7	5	68	17	22	39
Riggs' Cottage.....	4	3	7	13	3	16	2	12	1	1	16	5	2	7
Font Hill Training School...	8	7	15	....	1	1	....	3	....	....	3	7	6	13
Laurel Sanitarium.....	12	21	33	83	43	126	57	28	16	11	112	31	16	47
Patapsco Manor Sanitarium.	8	3	11	43	30	73	24	42	4	2	72	10	2	12
Edgewood Sanitarium.....	3	14	17	15	28	43	21	12	7	5	45	5	10	15
Total.....	351	569	920	452	368	820	296	314	94	101	816	389	535	924

*Eleven patients at the Sheppard and Enoch Pratt discharged as not insane.

TABLE NO. 3.
SHOWING THE STATISTICS OF THE COUNTY ASYLUMS FOR THE INSANE.

Asylums.	Remaining November 30, 1908.					Admitted from Novem- ber 30, 1908, to No- vember 30, 1909.					Showing the Condition of Patients Dis- charged from No- vember 30, 1908, to November 30, 1909.					Remaining November 30, 1909.				
	White.		Col'd.		Total.	White.		Col'd.		Total.	Recovered.	Improved.	Unimproved.	Died.	Total.	White.		Col'd.		Total.
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.							Male.	Female.	Male.	Female.	
Montevue (Frederick county)	41	48	44	59	192	11	1	23	21	56	6	2	1	34	43	37	40	62	59	198
Sylvan Retreat (Allegany county).....	33	51	2	3	89	12	9	2	....	23	3	7	2	10	22	38	48	1	3	90
Cherry Hill (Cecil county) ..	10	11	2	3	26	5	7	....	....	12	2	6	1	3	12	13	8	2	3	26
Bellevue (Washington county).....	18	14	7	4	43	5	1	....	1	7	....	3	4	2	9	17	14	6	5	42
Total.....	102	124	55	69	350	33	18	25	22	98	11	18	8	49	86	105	110	71	70	356

TABLE NO. 5.
SHOWING THE STATISTICS OF THE COLORED INSANE.

Institution.	Remaining Nov. 30, 1908.	Admitted Nov. 30, 1908, to Nov. 30, 1909	Remaining Nov. 30, 1909.
State and city hospitals.....	259	80	266
County asylums.....	135	47	141
County almshouses.....	66	11	45
Total.....	460	138	452

TABLE NO. 6.
SHOWING TOTAL NUMBER OF INSANE IN THE STATE.

	White.	Negro.	Total.
Total number of insane in State of Maryland.....	....	....	....
Number of insane in State hospitals, including feeble- minded.....	1749	67	1816
Number of insane in county alms-asylums and Bayview.	448	340	788
Number of insane in alms- houses.....	43	45	88
Number of insane in private institutions.....	924	....	924
Total.....	3164	452	3616

TABLE NO. 7.
SHOWING THE STATISTICS FOR THE INSANE FOR THE PAST 10 YEARS.

Indigent Insane.	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909
White.....	2,003	2,090	2,182	2,293	2,333	2,542	2,614	2,731	2,732	2,849
Colored.....	357	407	398	409	401	425	443	466	460	452
Private.....	167	175	187	192	204	221	227	234	313	315
Total.....	2,527	2,672	2,667	2,894	2,938	3,188	3,284	3,431	3,505	3,616
Approximate population of Maryland.....	1,188,044	1,208,681	1,219,521	1,235,574	1,251,841	1,268,315	1,285,009	1,301,925	1,319,058	1,354,370

TABLE NO. 8.
SHOWING THE REDUCTION IN COUNTY TAXES WHEN STATE CARE GOES INTO
EFFECT.

Counties.	No. of Insane.	Cost of Maintenance.	County Taxes.	Taxes Reduced by S. C.	Saved to Tax- payers.
Allegany.....	88	\$ 12,557.70	\$1.03	\$0.96	7 cts.
Anne Arundel.....	68	9,582.62	.75	.67 $\frac{1}{2}$	7 $\frac{1}{2}$
Baltimore city.....	1059	159,514.68	2.00	1.94	6
Baltimore county.....	145	21,751.30	.75	.72 $\frac{2}{10}$	2 $\frac{3}{10}$
Calvert.....	15	1,902.88	1.00	.92	8
Caroline.....	21	3,150.00	1.25	1.19 $\frac{1}{5}$	5 $\frac{4}{5}$
Carroll.....	47	6,750.00	.60	.54 $\frac{1}{2}$	5 $\frac{1}{2}$
Cecil.....	8	1,178.88	1.05	1.04	1
Charles.....	25	2,348.02	1.05	.98 $\frac{7}{10}$	6 $\frac{3}{10}$
Dorchester.....	53	7,845.42	1.34	1.24	10
Frederick.....	71	14,000.00	.95	.88 $\frac{1}{2}$	6 $\frac{1}{2}$
Garrett.....	21	3,337.16	1.06	1.01 $\frac{2}{5}$	4 $\frac{2}{5}$
Harford.....	57	8,112.25	1.00	.93 $\frac{9}{10}$	6 $\frac{1}{10}$
Howard.....	40	5,494.32	1.00	.93 $\frac{4}{5}$	6 $\frac{1}{5}$
Kent.....	11	1,611.66	1.12	1.08 $\frac{9}{10}$	3 $\frac{1}{10}$
Montgomery.....	49	3,842.26	.92	.89 $\frac{1}{5}$	2 $\frac{4}{5}$
Prince George's.....	46	7,439.46	1.08	1.01 $\frac{1}{5}$	6 $\frac{1}{5}$
Queen Anne's.....	14	2,125.45	.95	.92 $\frac{3}{5}$	2 $\frac{2}{5}$
St. Mary's.....	20	2,587.98	.94	.86 $\frac{3}{10}$	7 $\frac{7}{10}$
Somerset.....	26	4,054.92	1.28	1.20 $\frac{1}{5}$	7 $\frac{4}{5}$
Talbot.....	15	2,321.62	.85	.81	4
Washington.....	33	4,980.00	.84	.82 $\frac{3}{5}$	1 $\frac{2}{5}$
Wicomico.....	29	3,776.00	1.00	.94	6
Worcester.....	25	3,583.06	1.15	1.05 $\frac{1}{5}$	9 $\frac{4}{5}$
Average saving in county taxes.....					5 $\frac{23}{10}$

TABLE NO. 9.

SHOWING THE NUMBER OF PATIENTS, WHITE AND COLORED, AND THE AMOUNT OF MONEY RECEIVED IN THE FOLLOWING HOSPITALS FROM THE COUNTIES AND CITY.

Counties.	Maryland Hospit'l for the Insane.			Springfield State Hospital.			Mount Hope Retreat.			Sylvan Retreat.			Montevue Asylum.		
	W.	C.	Cost	W.	C.	Cost	W.	C.	Cost	W.	C.	Cost	W.	C.	Cost
Allegany.....	2	..	\$ 370.52	6	..	\$ 831.43	6	..	\$3,750.00	75	4	\$14,000.00	..	..	..
Anne Arundel.....	22	8	4,919.43	8	..	1,084.25	1	..	208.41	..	..	..	2	20	\$3,273.25
Baltimore.....	66	8	10,592.81	46	..	4,438.14	42	..	5,405.61	..	..	..	7	4	1,694.08
Calvert.....	3	2	859.88	2	..	300.00	2	..	150.00	..	..	..	1	3	600.00
Caroline.....	4	1	750.00	14	..	2,104.15	..	..	..	..	..	..	..	2	300.00
Carroll.....	9	1	1,500.00	38	..	5,423.14	2	..	375.00	..	..	..	..	2	85.00
Cecil.....	5	..	600.00	2	..	300.00	2	..	210.00	..	..	..	..	..	..
Charles.....	5	..	450.00	2	..	300.00	4	..	600.00	..	..	..	1	21	2,773.34
Dorchester.....	10	5	1,125.00	22	..	888.00	2	..	75.00	..	..	..	4	7	1,763.69
Frederick.....	3	..	450.00	17	..	2,392.08	2	..	300.00	..	..	..	38	2	11,000.00
Garrett.....	5	..	857.00	8	..	961.50	2	..	150.00	9	..	..	..	..	..
Harford.....	26	12	7,534.16	11	..	1,492.43	3	..	409.25	..	..	..	1	1	359.16
Howard.....	10	2	1,800.00	20	..	2,757.62	1	..	112.50	..	..	..	..	8	1,663.35
Kent.....	3	4	2,111.19	4	..	304.92	..	..	..	..	..	..	..	..	..
Montgomery.....	3	..	225.00	20	..	2,610.74	1	..	150.00	..	..	..	6	16	3,404.79
Prince George's.....	11	4	3,129.15	2	..	406.38	..	..	..	..	..	..	10	17	4,261.35
Queen Anne's.....	4	1	..	10	..	2,291.65	..	..	..	..	..	..	..	1	68.75
Somerset.....	16	..	1,500.00	12	..	1,474.95	..	..	..	..	..	..	..	4	573.18
St. Mary's.....	5	1	..	4	..	..	..	..	..	..	..	..	3	6	1,470.00
Talbot.....	5	1	450.00	14	..	1,333.31	3	..	..	..	..	..	..	3	269.00
Washington.....	14	1	1,804.00	29	..	3,279.84	..	..	..	1	..	..	..	..	..
Wicomico.....	16	5	3,278.83	10	..	1,836.55	..	..	..	..	..	..	..	1	50.00
Worcester.....	4	..	1,142.63	22	..	3,929.28	..	..	..	..	..	..	..	2	544.93
Baltimore city.....	264	11	44,999.92	615	..	90,241.71	320	..	(Private)	..	..	..	1	3	788.33
Out of State patients.....	..	..	..	..	..	..	216	..	"	1	..	..	1	..	37.50
Total.....	515	67	\$91,584.91	938	..	\$130,982.07	609	..	\$8,183.27	86	4	\$14,000.00	76	124	\$34 979.86

THE STATE OF MARYLAND.

TABLE NO. 10.

SHOWING THE NEGRO POPULATION IN EACH COUNTY; ALSO THE NUMBER OF NEGRO INSANE IN EACH COUNTY.

Allegany.....	1,669	4
Anne Arundel.....	15,367	31
Baltimore.....	11,618	18
Calvert.....	5,143	5
Caroline.....	4,237	9
Carroll.....	2,143	3
Cecil.....	3,805	5
Charles.....	9,648	21
Dorchester.....	9,484	14
Frederick.....	6,012	2
Garrett.....	126	.....
Harford.....	5,854	18
Howard.....	4,405	10
Kent.....	7,442	5
Montgomery.....	10,054	18
Prince George's.....	11,985	21
Queen Anne's.....	6,372	7
St. Mary's.....	8,256	7
Somerset.....	9,533	5
Talbot.....	7,466	9
Washington.....	2,488	13
Wicomico.....	5,828	9
Worcester.....	6,871	5
Baltimore city.....	79,258	213
Total.....	235,064	452
Eastern Shore, 9 counties.....		65
Southern Maryland, 5 counties.....		85
Western Maryland.....		89
Baltimore city.....		213
Grand total.....		452

TABLE No. 11.

SHOWING THE NUMBER OF FIRST ADMISSIONS TO THE VARIOUS HOSPITALS,
STATE, CORPORATE AND PRIVATE AND COUNTY ASYLUMS.

Institutions.	Number admitted from December 1, 1908, to Novem- ber 30, 1909.			No. of Insane admitted.	No. of Drug ad- dictions ad- mitted.	No. of Alcoholic Cases admitted.	No. of Neurasthe- nics admitted.
	Male	Female	Total				
Maryland Hospital for the Insane.....	24	20	44	40	....	4	....
Springfield State Hospital...	103	70	173	153	3	14	3
Maryland Asylum and Train- ing School for the Feeble- minded.....	41	27	68	68	....	....	....
Mt. Hope Retreat.....	55	56	111	106	1	3	1
Sheppard and Enoch Pratt Hospital.....	70	72	142	133	3	3	3
The Richard Gundry Home.	81	25	106	48	21	30	7
The Gundry Sanitarium.....	....	14	14	14	....	....	....
The Relay Sanitarium.....	18	11	29	14	3	11	1
Riggs' Cottage.....	7	3	10	7	....	3	....
The Laurel Sanitarium.....	17	9	26	22	3	1	....
Patapsco Manor Sanitarium.	23	20	43	9	4	18	12
Edgewood Sanitarium.....	4	11	15	12	1	2	....
Bay View Asylum.....	105	66	171	148	1	22	....
Montevue Asylum (Fred- erick Co.).....	26	17	43	43	....	....	....
Sylvan Retreat (Allegany Co.).....	10	6	16	16	....	....	....
Cherry Hill Asylum (Cecil Co.).....	3	6	9	9	....	....	....
Bellevue (Washington Co.).	1	2	3	3	....	....	....
Total.....	588	435	1,023	845	40	111	27